



CENTRON SECURITY SERVICES

Daily Security Report

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|---|-----------------------------------|---|------------------------|--|-------------------------------------|--|--|-------------------------------------|--------------------------|-------------------------------------|----|--------|
| Client No. 2036 | Client Name O.H. Metals | Location 1002 Oswego, St. Utica | Date 4/28/87 | | | | | | | | | |
| Facility Equipment 1/ | Detect Clock 1/ | Weapon No. — | Holster — | Nightstick — | Raincoat 1/ | Flashlight 1/ | Other Gate ; trailer keys, phone | | | | | |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | Officer—Day Shift (Name) Off K. Felix | | Officer—Swing Shift (Name) Off Del Vecchio | | Officer—Grave Shift (Name) Dick Kokoszki | | | | | | |
| Shift Began 8 AM Ended 4 PM | | Shift Began 4 AM Ended 12 PM | | Shift Began 12 AM Ended 8 AM | | | | | | | | |
| Observations or actions taken | Yes | No | Explanation | Yes | No | Explanation | Yes | No | Explanation | | | |
| Rounds or stations missed | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Unlocked doors, gates or windows | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Unlocked vaults or safes | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Fire-smoke-or hazards | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 1. Extinguishers missing or defective | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 2. Sprinkler system defective | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 3. Fire doors or exits blocked | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 4. Rubbish accumulation | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 5. Motors running | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| 6. Lights left burning | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | LIGHTS OUT 6:30AM | | | |
| Injury hazards | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Visitors | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | EPA | | | <input checked="" type="checkbox"/> | | | | |
| Trespassing | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Violation of company rules | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | |
| Remarks EPA came at 4:20 : Joe Kotola, John Leporati, Paul Street | | | | | | | | | | | | |
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| IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. | | | | | | | | | | | | |
| 1. Were you injured during this tour? | Day Shift | 1 | 2 | 3 | Swing Shift | 1 | 2 | 3 | Grave Shift | 1 | 2 | 3 |
| | Yes | <input checked="" type="checkbox"/> | No | Yes No | Yes | <input checked="" type="checkbox"/> | No | Yes No | Yes | <input checked="" type="checkbox"/> | No | Yes No |
| 2. Did you suffer any illness? | Yes | <input checked="" type="checkbox"/> | No | Yes No | Yes | <input checked="" type="checkbox"/> | No | Yes No | Yes | <input checked="" type="checkbox"/> | No | Yes No |
| 3. Have you reported all accidents coming to your attention? | Yes | <input checked="" type="checkbox"/> | No | Yes No | Yes | <input checked="" type="checkbox"/> | No | Yes No | Yes | <input checked="" type="checkbox"/> | No | Yes No |
| Signatures | 1 | Kenneth Felix | | | 1 | Mike Del Vecchio | | | 1 | Dick Kokoszki | | |
| Signatures | 2 | | | | 2 | | | | 2 | | | |
| Signatures | 3 | | | | 3 | | | | 3 | | | |

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